

967

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 187

District of Globe

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 403

Town of \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

or  
City of Globe

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Frank Ross McLean { Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ☒

Sex of Child <u>Male</u>	Twin, Triplet or other _____	{ and }	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Aug 21 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Charles B. McLean</u>			Full Maiden Name <u>Gladys Dares</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>40</u> (Years)			Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Nova Scotia, Canada</u>			Birthplace <u>Nova Scotia, Canada</u>		
Occupation <u>Boarding House Keeper</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>1</u>		Number of children of this mother now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on Aug 21 1922, at 12:35 P.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Alvin Kirmse M.D.  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 192\_\_

Address Globe, Arizona

Filed Sept 5 1922 B.S. Joy  
LOCAL REGISTRAR.

645-821-742  
COUNTY REGISTRAR.

Filed 9-5 1922 B.S. Joy  
COUNTY REGISTRAR.